## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Radunsky et al.

Application No.: 10/796,882 Group No.: 1797

Filed: March 8, 2004 Examiner: Drodge, Joseph W.

For: Method and System for Colloid Exchange Therapy

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. § 1.311) AND PAYMENT OF PUBLICATION FEE ((37 C.F.R. § 1.211(e))

- Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.
- 2. Applicant
  - Asserted small entity status in this application on March 8, 2004 by payment of the basic filing fee as a small entity. (37 C.F.R. § 1.27(c)(3))

It is confirmed that small entity status for this application has been checked and it is still in effect and is being asserted.

- Applicant hereby asserts small entity status for this application.
- 3. Fee (Issue):

Application status is small business entity with a utility fee of \$755.00.

4. Fees (Publication)

This is an application for a utility patent and:

The publication fee of \$ 300.00 (§ 1.18(d)) is being paid herewith.

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Name of Assignee:

Immunocept, L.L.C.

Address:

6530 Clearhaven Circle

Residence (City and State or Country):

Dallas, Texas

Assignee category or categories (not printed on patent): Corporation or other private group entity

8. Payment of total fee due:

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Date: March 17, 2009

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## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop, ISSUE FEE
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•				(Depositor's nume)			
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APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.			CONFIRMATION NO.	
10/796,882				ky 3154/103 2882			
TITLE OF INVENTION: METHOD AND SYSTEM FOR COLLOID EXCHANGE THERAPY							
APPLN. TYPE	SMALL ENTITY	ISSUE FÉE DUE	PUBLICATION FEE DUE	PREV, PAID ISSU	E FEE	TOTAL FEE(S) DUE	
nonprovisional	YES	\$755	\$300	\$0		\$1055	03/19/2009
EXAMI	NER	ART UNIT	CLASS-SUBCLASS	]			
DRODGE, JO	SEPH W	1797	210-645000				
1. Change of correspondence address or indication of "Fee Address" (3 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form FTO/SBI (22) attached.  "Fee Address' indication (or "Fee Address" indication form FTO/SBI (47). Rev 03-02 or more recent) attached. Use of a Custom Number is required.			2. For printing on the placest foot page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a 2. Septement patent attorneys or a gents. If no name is listed, no name will be printed.				
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**			Dallas, Texas				
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Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗵 Corporation or other private group entity 🔲 Government							
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